

# FINAL DRAFT 11/07/05

## MMA PART D

### 0300.20.05 Medical Services Provided

REV:07/1994

REV:01/2006

The medical services provided to the Categorically Needy and the Medically Needy are:

#### MEDICAL SERVICES PROVIDED

TYPE OF SERVICE	CATEGORICALLY NEEDY	MEDICALLY NEEDY
Inpatient Hospital Services	Yes 1,2	Yes 1,2 (see note below)
Inpatient Psychiatric Hospital Services for those age 65 and over or under age 21	Yes	Yes
Outpatient Hospital Services: (see note below)		
Clinic and Emergency Room	Yes 1,3	No
Laboratory and X-rays	Yes	Yes
<del>Pharmacy (see note below)</del>	<del>Yes</del>	<del>Yes</del>
Physician Services	Yes 1,2	Yes 1,2
Pharmacy Services (see note below)	Yes 8	Yes 8
Dental Services	Yes	Yes
Clinical Laboratory Services	Yes	Yes
Durable Medical Equipment, Surgical Appliances, and Prosthetic Devices	Yes	Yes 4
Certified Home Health Agency Services	Yes	Yes
Podiatry Services	Yes	No
Ambulance Services	Yes	Yes
Community Mental Health Center Services	Yes	Yes
Substance Abuse Services	Yes 5	Yes 5
Nursing Facility Services	Yes	Yes

Optometric Services

Yes 6

Yes 7

Intermediate Care Facility and Day Treatment Services for the  
Mentally Retarded

Yes

Yes

NOTE: Inpatient hospital services are subject to admission screening and hospital utilization review procedures. Outpatient hospital services are subject to hospital utilization review procedures.

- 1 The cost of abortion service is paid only when it is necessary to preserve the life of the woman or when the pregnancy is the result of an act of rape or incest.
- 2 Organ transplant operations as described in section 0300.20.05.25 are Medical Assistance services.
- 3 A \$3.00 co-payment is charged to eligible individuals for non-emergency services provided in a hospital emergency room.
- 4 Hearing aids and molded shoes are excluded.
- 5 Limited to counseling and Methadone maintenance services provided by centers licensed and funded by the Division of Substance Abuse of MHRH.
- 6 For recipients age 21 and older, the following optometry services are limited to once every two years: one refractive eye care exam; one pair of eyeglasses (frames, lenses, dispensing fees).
- 7 For recipients age 21 and older, payment will be made for one refractive eyecare exam in a two year period. Payment is not made for eyeglasses (frames, lenses, dispensing fees).
- 8 Individuals receiving Medicare Part A, Part B, and/or Part D will receive Pharmacy services through a Medicare Prescription Drug Plan.

#### **0300.20.05.35 PHARMACY SERVICES**

**EFF:01/2006**

Under the Medicare Part D Program, in accordance with the Medicare Modernization Act of 2003, Medicaid beneficiaries who also receive Medicare Part A and or ~~7~~ Part B, qualify for Part D and must receive their pharmacy services through a Prescription Drug Plan. Therefore, Medicaid beneficiaries who also receive Medicare benefits do not receive pharmacy benefits under the State Medicaid Program. There are, however, five (5) classes of drugs that are exempted from these drug plans and for which Medicaid will provide coverage under Medicaid Pharmacy Services to those receiving Medicare. The five (5) classes of drugs are: barbiturates, benzodiazepines, vitamins, over the counter medications, and cough and cold medications.

#### **0300.20.05.35.05 PHARMACY SERVICES COST SHARING REQUIREMENTS**

**EFF:01/2006**

Individuals who receive both Medicaid and Medicare benefits may be subject to cost sharing requirements under Medicare Part D in the form of premiums and/or co-payments.

**PREMIUMS:**

Individuals who select a Part D plan with enhanced benefits will be responsible for that plan's premiums.

**CO-Payments:**

Individuals will be required to pay a co-payment for each prescription that they purchase.

Income Level	Amount of Co-Payment
Income below 100% FPL Prescription	\$1.00 Per Generic \$3.00 Per Brand Name
Income above 100% FPL Prescription	\$2.00 Per Generic \$5.00 Per Brand Name

Individuals who are participants in both waiver and assisted living programs and who receive both Medicaid and Medicare benefits will be required to pay a co-payment for their prescriptions.

**EXCEPTION TO CO-PAYMENT REQUIREMENT:**

Institutionalized individuals residing in nursing facilities will not be required to pay a co-payment for their prescriptions.

No co-payments are required for those five (5) classes of medications listed in DHS Policy Section 0300.20.05.35 that are not covered by Medicare Part D Prescription Plans.

**0302.05.05 THE REQUEST FOR A MEDICARE PART D APPLICATION**

**EFF:01/2006**

An individual who does not qualify for Medicaid or his/her representative has the option to contact either a Social Security Administration Office or a Department of Human Services Office to request an application for the Medicare Part D Program. This request may be received at a DHS office in person, by phone or by mail. When a request is received at a DHS Office, a DHS staff member gives or mails the individual an application for the Medicare Part D Program. At this time the DHS staff member should also provide the individual with an MPP-1 Application Form so that the individual may be reviewed for QMB or SLMB eligibility.

Completed applications may be submitted to either a Social Security Administration Office or a Department of Human Services Office. If a Medicare beneficiary insists that DHS process the application, the DHS representative is required to do so. If the beneficiary insists that the DHS representative process the application, the DHS representative must complete the process within sixty (60) days from the date the application is received.